

PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|------------------------|------------------|
| Attorney Docket Number | 22727/04148 |
| First Named Inventor | Wang, et al |
| COMPLETE IF KNOWN | |
| Application Number | 10/727,261 |
| Filing Date | December 2, 2003 |
| Art Unit | Unknown |
| Examiner Name | Unknown |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RAPID DETECTION OF MICROORGANISMS

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

12/02/2003

as United States Application Number or PCT International

Application Number

10/727,261

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

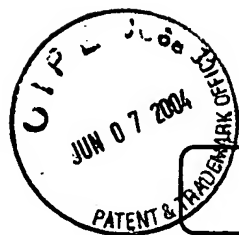
| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|----------------------------|---|--|--|
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 24024 | | | | OR <input type="checkbox"/> Correspondence address below | |
| Name | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | Telephone | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Hua | | | Family Name or Surname Wang | | |
| Inventor's Signature <i>Hua Wang</i> | | | | Date 5/27/04 | |
| Residence: City Columbus | | State Ohio | | Country US | |
| Mailing Address 1025 Bluffpoint Drive | | | | | |
| City Columbus | | State Ohio | | ZIP 43235 | |
| Country US | | Citizenship US | | | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Hongliang | | | Family Name or Surname Luo | | |
| Inventor's Signature <i>[Signature]</i> | | | | Date 5/27/04 | |
| Residence: City Columbus | | State Ohio | | Country US | |
| Citizenship Republic of China | | People's Republic of China | | | |
| Mailing Address 647 Tuscarawas Court | | | | | |
| City Columbus | | State Ohio | | ZIP 43210 | |
| Country US | | Citizenship US | | | |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto. | | | | | |

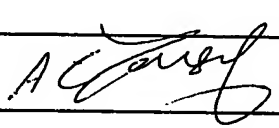


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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 3 of 3

| | | | |
|---|---------------|---|-------------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Chris | | Connor | |
| Inventor's Signature | | Date | |
| Columbus Residence: City | Ohio State | US Country | US Citizenship |
| Mailing Address | | | |
| 248 Northridge Road | | | |
| Mailing Address | | | |
| Columbus City | OH State | 43214 Zip | USA Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Steven | | Schwartz | |
| Inventor's Signature | | Date | |
| Powell Residence: City | Ohio State | US Country | US Citizenship |
| 215 Partridge Bend | | | |
| Mailing Address | | | |
| Mailing Address | | | |
| Powell City | Ohio State | 43065 Zip | Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Ahmed | | Yousef | |
| Inventor's Signature  | | Date 1-5-04 | |
| Columbus Residence: City | Ohio State | US Country | Egyptian Citizenship |
| Mailing Address | | | |
| 3598 Sunset Drive | | | |
| Mailing Address | | | |
| Columbus City | Ohio State | 43210 Zip | US Country |

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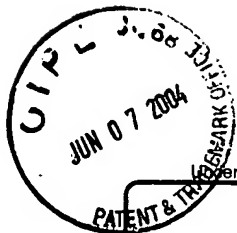
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| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Chris | | Connor | |
| Inventor's Signature <i>Christopher J. Connor</i> | | Date <i>1/6/04</i> | |
| Columbus Residence: City | Ohio State | US Country | US Citizenship |
| Mailing Address | | | |
| 248 Northridge Road | | | |
| Mailing Address | | | |
| Columbus City | OH State | 43214 Zip | USA Country |
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| Steven | | Schwartz | |
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| 215 Partridge Bend | | | |
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| Ahmed | | Yousef | |
| Inventor's Signature | | Date | |
| Columbus Residence: City | Ohio State | US Country | Egyptian Citizenship |
| Mailing Address | | | |
| 3598 Sunset Drive | | | |
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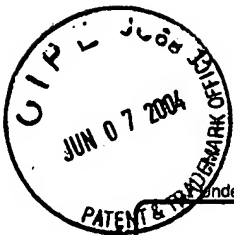
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| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Steven | | Schwartz | |
| Inventor's Signature <i>Steven Schwartz</i> | | Date <i>1/9/04</i> | |
| Powell Residence: City | Ohio State | US Country | US Citizenship |
| 215 Partridge Bend | | | |
| Mailing Address | | | |
| Mailing Address | | | |
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| Ahmed | | Yousef | |
| Inventor's Signature | | Date | |
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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

Page 4 of 4

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| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Kai | | Wan | |
| Inventor's Signature <i>Wan</i> | | Date | |
| Columbus Residence: City | OH State | USA Country | PR China Citizenship |
| 022 Saint John Court, apt. #6 Mailing Address | | | |
| Mailing Address | | | |
| Columbus City | OH State | 43202 Zip | USA Country |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
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| | | | |
| Inventor's Signature | | Date | |
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| Mailing Address | | | |
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PTO/SB/81 (09-03)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-----------------------------------|
| Application Number | Unknown |
| Filing Date | December 2, 2003 |
| First Named Inventor | Wang, et al |
| Title | RAPID DETECTION OF MICROORGANISMS |
| Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 22727/04148 |

I hereby appoint:



Practitioners associated with the Customer Number:

24024

OR



Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

Zip

Country

Telephone

Fax

I am the:



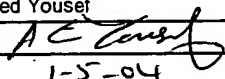
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Ahmed Yousef | | |
| Signature |  | | |
| Date | 1-5-04 | Telephone | 614-292-7814 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INDICATION FORM**

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| Application Number | Unknown |
| Filing Date | December 2, 2003 |
| First Named Inventor | Wang, et al |
| Title | RAPID DETECTION OF MICROORGANISMS |
| Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 22727/04148 |

I hereby appoint:



Practitioners associated with the Customer Number:

24024

OR



Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with Customer Number:

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



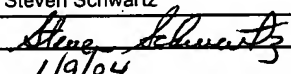
Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | Steven Schwartz | | |
| Signature |  | | |
| Date | 1/9/04 | Telephone | 614 292-2934 |

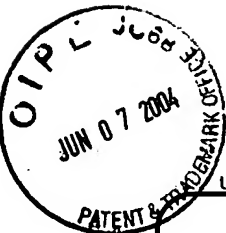
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



*Total of 1 forms are submitted.

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| Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 22727/04148 |

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

☐ Firm or Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Hua Wang

Signature

Date

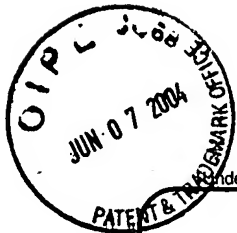
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 6 forms are submitted.

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I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

| | | | |
|-----------|---------------|-----------|--|
| Name | Hongliang Luo | | |
| Signature | | | |
| Date | 04-30-2004 | Telephone | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.



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INDICATION FORM**

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|------------------------|-----------------------------------|
| Application Number | 10/727,261 |
| Filing Date | December 2, 2003 |
| First Named Inventor | Wang, et al |
| Title | RAPID DETECTION OF MICROORGANISMS |
| Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 22727/04148 |

I hereby appoint:



Practitioners associated with the Customer Number:

24024

OR



Practitioner(s) named below:

| Name | Registration Number |
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Firm or
Individual Name

Kai Wan

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Address

City

Columbus

State

OH

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43202

Country

USA

Telephone

614-263-1071

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
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Name

Kai Wan

Signature

Wang

Date

1/21/04

Telephone

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| Application Number | Unknown |
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|--------------|
| Name | Chris Connor |
| Signature | |
| Date | 1/6/04 |
| Telephone | 614-784-0337 |

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